

Email from Tom Rehak  
March 3, 2011

This is to provide you an update on several issues relating to Metabolic Screenings.

### 1) Purchasing Options for LDX and A1c Analyzers

As you may recall, starting in 2009 the Department facilitated the purchasing of the Cholestech LDX Analyzers for CMHCs in preparation for the Metabolic Screening initiative.

At that time, we allocated additional funding to providers (\$3,755) to purchase the LDX machine and start-up supplies. We allocated \$3,755 per agency to the VU fund code and funds were drawn down on a POS invoice using the 95006W service code and a non-client ID number. The money allocated to the VU fund code for this purpose was new 'one-time' only money above and beyond your base allocation from the Department.

Several providers are now asking about purchasing additional LDX machines or a machine to test Hgb A1c. The Department does not have additional new funding available for this purpose. However, we will allow providers to use their existing base allocation (if available) to purchase additional machines.

We have attached some purchasing options of LDX and A1c machines that you can use. If you are looking into a different machine, please contact Kellie Shuck ([kshuck@cmthealthcare.com](mailto:kshuck@cmthealthcare.com)) to make sure it is appropriate to use for the metabolic screening. Once you have placed an order you can draw down your existing DMH allocation to be reimbursed for cost. For reimbursement you should enter an encounter in CIMOR on the 'Add Non Consumer Encounter' screen, using service code 9603W, the CPS Adult Community Services service category, and the amount.

Please see the attached: "Metabolic Screening LDX & A1c Analyzer Options"

### 2) Billing Edit for Metabolic Screenings

Several providers have asked about billing the Metabolic Screening procedure codes (H2010TD, H2010TE) more frequently than once per year. The purpose of this would be to get the screening date aligned with annual evaluation dates for CPR clients. Some providers implemented the initial screenings in a different manner, in order to get an initial screening done in a timely manner, and would now like to align the screening to occur at the time of the CPR annual evaluation. In some cases this would result in a Metabolic Screening being completed less than one year from the previous one. We have verified with MHD that there is no edit in their billing system that would prevent this from being paid. We are approving providers, **on a one-time only basis**, to provide and bill for a Metabolic Screening less than 12 months from the prior one, in order to get the screening dates in sync with the annual CPR evaluation. We will be talking to providers at the March 23 joint Clinical Managers/Nurse Liaison meeting to determine what the appropriate edits should be in the future for the Metabolic Screening procedure codes in CIMOR and the MHD billing systems.

### 3) Clarification on CSS Billing in the course of a Metabolic Screening

We would like to provide clarification and expand on community support workers assisting and facilitating with the delivery of the Metabolic Screening service by the nurse. In the Metabolic Screening FAQ document on the DMH website, we state:

“Helping a client access needed health care services can be billed (*by a CSS*). So the time they spend getting a client there can be billed, if the client needs that assistance and may not be able to access the screening without their help. The CSS may not bill community support interventions during the time the nurse performs any part of the metabolic syndrome screening unless they are also providing a medically necessary community support intervention during the same time period.”

To clarify, it is appropriate for the community support worker to facilitate and provide assistance with the Metabolic Screening, so long as they are describing in their documentation the purpose and the interventions they are providing. The following are some allowable and appropriate ways in which the community support worker can be providing a billable community support intervention in the course of a Metabolic Screening by the CMHC nurse:

- Assisting the client to the appointment with the nurse
- Assisting the nurse in collecting the clients weight, if there are physical limitations that necessitate assisting the client
- Helping collect any vital signs for the screening, so long as the worker is appropriately trained
- Providing support and coaching for the client during the blood draw
- Participating with the nurse in educating the client on diabetes, the importance of the screening, and proper ongoing monitoring and care for the disease
- Receiving instructions from the nurse pertaining to ongoing management of the clients healthcare needs

In addition, of course, assisting and facilitating the client to receive appropriate medical care from a primary care physician, including for the purpose of screening and ongoing care for diabetes, is an allowable and billable community support intervention. The key, in all cases, is the community support worker clearly documenting in the progress note **what they are doing and why**.

If you have any questions, please contact me. We will be reviewing this information on March 23 with the Clinical Managers and Nurse Liaisons, and providing additional clarification as needed.